In the US District Court in the District of Oregon

Benjamin Barber

vs

Pat Garrett, et al

FILED 11 OCT '18 10:34 USDC-ORP

Case no 18 CV-02105-AC

Affadavit in support of Emergency Restraining Order

Plaintiff swears under the penalty of purjury as follows: The attached photo copy request and kites are authentic documents from Washington County Jail

Plaintiff has until Nov 9th to refile a Post Conviction relief that the Oregon Appeals Court said was dismissed without prejudice, and which requires 2 copies to be filed

Plaintiff is attempting to file a federal class action habeas Corpus, which also requires 2 copies to be filed

Plaintiff has had to trade his food to inmates in exchange for envelopes to file legal mail.

Plaintiff has been denied extra postage and photo copies, and phone calls to the apellate PCR attorney based on his inability to pay for these services.

Plaintiff has approximately 6 weeks to file a writ of certiorari from the State Supreme Court, and the jail refuses to allow him to comply with filing rules.

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Multnomah County Court sent a notice that plaintiff shall contact the chambers of judge whittamore, but the county jail does not allow phone calls toll free

Plaintiffs appeal of Post Conviction Relief had resulted in a Rule 71 motion by apellate counsel 2 months ago and it appears that no action has been taken, because Plaintiff hasn't recieved any updates, however plaintiff cannot call the apellatte attorney or the Court to find out.

Plaintiff is appealing a circuit court habeas corpus, and has not had enough envelopes to serve all parties, resulting in delays and notices of default by not following rules.

Plaintiff is only given 1 hour a week in the jail law library, which doesn't contain any federal rules of civil procedure or rules of evidence, or any federal reporters or shepherds. More over the state westlaw books are missing diccennial digests which have a great deal of habeas corpus information and free speech information I seek. The jail offers a photocopy by citation system which is ineffective without a federal shepherds or other means of research.

Plaintiff has been given an oregon e.courts notice of signed document telling him to go online to view it, which he is unable to, and the washington county courts will not provide him those documents free of charge

Date 10-06-18   PAGE 2   Ben Barber

INMATE REQUEST   PETICION DE PRESO

Refer to your inmate manual for instructions on the use of this form. Use a Health Care Request form if your request is health related. For sentenced inmates, use a Release Date Request form for a time computation of your release date.

Mire en su manual de preso para saber sobre el uso de este formulario. Use el formulario de petición de cuidado médico si su petición tiene que ver con su salud. Use el formulario de Petición de fecha de salida para pedir un cálculo de su fecha de salida.

Name (Last, First, Middle) Nombre (apellidos, primero, segundo)	Booking # (Número de registro)	JID # (Número de sistema)	Pod (Pabellón)
Barber, Benjamin J	17-07936	7883170	8

For Social Visitor Changes
Cambios de Visitante Social

You must fill in all blocks. You must delete a name if you have five visitors on your approved visitor list.
Tiene que escribir en todos los espacios. Tiene que quitar un nombre si ya tiene cinco nombres en su lista.

☐ **Add** *Añadir* ☐ **Delete** *Quitar*
Staff Use Only *Esta sección para uso oficial solamente*

☐ **Add** *Añadir* ☐ **Delete** *Quitar*
Staff Use Only *Esta sección para uso oficial solamente*

Visitor Name *Nombre del visitante* _____

Date of Birth *Fecha de nacimiento* _____ **Relation** *Parentesco* _____

Sex: ☐ Male *Masculino* ☐ Female *Femenino* **Telephone #** *# de teléfono* _____

License or ID # *# de licencia o ID* _____ **License State** *Estado de licencia* _____

Address *Domicilio* _____

Visitor Name *Nombre del visitante* _____

Date of Birth *Fecha de nacimiento* _____ **Relation** *Parentesco* _____

Sex: ☐ Male *Masculino* ☐ Female *Femenino* **Telephone #** *# de teléfono* _____

License or ID # *# de licencia o ID* _____ **License State** *Estado de licencia* _____

Address *Domicilio* _____

For School Support
Para colaboración con la escuela

Return form to Programs. Use additional forms for other types of requests.
Devuelva este formulario al departamento de programas. Utilice formularios adicionales para otros tipos de peticiones.

Child's Name *Nombre del niño/niña*	Age *Edad*	Name of School *Escuela*	Child's Name *Nombre del niño/niña*	Age *Edad*	Name of School *Escuela*

Staff response: Request forwarded. ☐ The school will contact you through Jail Programs if there are additional resources or services that could help.
Respuesta del personal: Petición transferida. La escuela se comunicará con usted por medio del departamento de programas de cárcel si existen recursos o servicios adicionales que le pudieran ayudar.

Other Request
Otra petición

Telmate

I need to contact my Attorney O'conner weber UC about an appeal but do not have money to contact him, Please render his office number Toll free it is 503 226 0923

I gave this form to Deputy: *Entregué este formulario al oficial:* _____ **Name** (Nombre)

Deputy's Initials/DPSST #	Date	Time

Inmate Signature *Firma del preso* X Ben Barber

Date *Fecha* 09-06-18   **Time** *Hora* _____

Staff Reply

O'connor Weber needs to request this themselves in writing. However, at this time, they do not qualify for a speed dial number. In order for you to make free calls to them, they will need to supply you with a ~~area~~ number to call collect.

Send to:
- ☐ Sergeant
- ☐ Classifications
- ☐ Court Security
- ☐ IWC/Laundry
- ☐ Jail Admin
- ☐ Kitchen
- ☐ Lobby
- ☐ Programs
- ☐ Property
- ☐ _____

Name (Print if signature is illegible)	Signature	☑ **Return to inmate**
	SBrown	
Title or Unit Jail Admin	**DPSST #** EU340 **Date** 9/10/18	

WCJ–12 (v. 3/14)

INMATE REQUEST

PETICION DE PRESO

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Mire en su manual de preso para saber sobre el uso de este formulario. Use el formulario de petición de cuidado médico si su petición tiene que ver con su salud. Use el formulario de <u>Petición de fecha de salida</u> para pedir un cálculo de su fecha de salida.

Name (Last, First, Middle) Nombre (apellidos, primero, segundo)	Booking # (Número de registro)	JID # (Número de sistema)	Pod (Pabellón)
Barber, Benjamin J	17-07936	7883170	4

For Social Visitor Changes
Cambios de Visitante Social

You <u>must</u> fill in all blocks. You <u>must</u> delete a name if you have five visitors on your approved visitor list.
Tiene que escribir en todos los espacios. Tiene que quitar un nombre si ya tiene cinco nombres en su lista.

☐ **Add** *Añadir* ☐ **Delete** *Quitar*   Staff Use Only *Esta sección para uso oficial solamente*

Visitor Name *Nombre del visitante* _____

Date of Birth *Fecha de nacimiento* _____ **Relation** *Parentesco* _____

Sex: ☐ **Male** *Masculino* ☐ **Female** *Femenino*   **Telephone #** *# de teléfono* _____

License or ID # *# de licencia o ID* _____ **License State** *Estado de licencia* _____

Address *Domicilio* _____

☐ **Add** *Añadir* ☐ **Delete** *Quitar*   Staff Use Only *Esta sección para uso oficial solamente*

Visitor Name *Nombre del visitante* _____

Date of Birth *Fecha de nacimiento* _____ **Relation** *Parentesco* _____

Sex: ☐ **Male** *Masculino* ☐ **Female** *Femenino*   **Telephone #** *# de teléfono* _____

License or ID # *# de licencia o ID* _____ **License State** *Estado de licencia* _____

Address *Domicilio* _____

For School Support
Para colaboración con la escuela

Return form to <u>Programs</u>. Use additional forms for other types of requests.
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Child's Name *Nombre del niño/niña*	Age *Edad*	Name of School *Escuela*	Child's Name *Nombre del niño/niña*	Age *Edad*	Name of School *Escuela*

Staff response: Request forwarded. ☐ The school will contact you through Jail Programs if there are additional resources or services that could help.
Respuesta del personal: Petición transferida. La escuela se comunicará con usted por medio del departamento de programas de cárcel si existen recursos o servicios adicionales que le pudieran ayudar.

Other Request
Otra petición

Ps see attached money release form, and kite

Michael Forker agreed to pay for my legal mail because I don't have any money, more over I have a WCJ issued Debit card that WCJ gave me in 2016 that had funds that expired in 3/18, and I don't know why these arent used for legal mail

I gave this form to Deputy: *Entregué este formulario al oficial:* Rohman **Name** (Nombre)	Deputy's Initials/DPSST #	Date	Time

Inmate Signature *Firma del preso* **X** Ben Barber   **Date** *Fecha* 3-10-18   **Time** *Hora* 6:30pm

Staff Reply

We will not allow another inmate to pay for your legal mail. There is no money release form attached to this.

Send to:
☐ Sergeant
☐ Classifications
☐ Court Security
☐ IWC/Laundry
☑ Jail Admin
☐ Kitchen
☐ Lobby
☐ Programs
☐ Property
☐ _____

Name (Print if signature is illegible)	Signature SBrown
Title or Unit Jail Admin	DPSST # E4340 Date 3/12/18

☑ **Return to inmate**

WCJ-12 (v. 3/14)

INMATE REQUEST   *PETICION DE PRESO*

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Name *(Last, First, Middle) Nombre (apellidos, primero, segundo)*
Barber, Benjamin J

Booking # *(Número de registro)*
17-07956

JID # *(Número de sistema)*
7883170

Pod *(Pabellón)*
8

For Social Visitor Changes
Cambios de Visitante Social

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Tiene que escribir en todos los espacios. Tiene que quitar un nombre si ya tiene cinco nombres en su lista.

□ **Add** *Añadir* □ **Delete** *Quitar*   Staff Use Only *Esta sección para uso oficial solamente*

□ **Add** *Añadir* □ **Delete** *Quitar*   Staff Use Only *Esta sección para uso oficial solamente*

Visitor Name *Nombre del visitante* _____

Visitor Name *Nombre del visitante* _____

Date of Birth *Fecha de nacimiento* _____ **Relation** *Parentesco* _____

Date of Birth *Fecha de nacimiento* _____ **Relation** *Parentesco* _____

Sex: □ Male □ Female *Sexo Masculino Femenino* **Telephone #** *# de teléfono* _____

Sex: □ Male □ Female *Sexo Masculino Femenino* **Telephone #** *# de teléfono* _____

License or ID # *# de licencia o ID* _____ **License State** *Estado de licencia* _____

License or ID # *# de licencia o ID* _____ **License State** *Estado de licencia* _____

Address *Domicilio* _____

Address *Domicilio* _____

For School Support
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Staff response: Request forwarded. □ The school will contact you through Jail Programs if there are additional resources or services that could help.
Respuesta del personal: Petición transferida. La escuela se comunicará con usted por medio del departamento de programas de cárcel si existen recursos o servicios adicionales que le pudieran ayudar.

Other Request
Otra petición

County law library request

I am looking for federal reporters cases with the statute(s) 17 USC 201 and 17 USC 511, I am also looking for the logislative tracings for those laws.

I gave this form to Deputy: *Entregué este formulario al oficial:* Bingham **Name** *(Nombre)*

Deputy's Initials/DPSST #	Date	Time

Inmate Signature *Firma del preso* X Ben Barber

Date *Fecha* 06-20-18   **Time** *Hora* 8:00 Pm

Staff Reply

You need to be very specific on the cases you need. The County law library will only provide exact cases you wish to have copied.

Send to:
□ Sergeant
□ Classifications
□ Court Security
□ IWC/Laundry
□ Jail Admin
□ Kitchen
□ Lobby
□ Programs
□ Property
□ _____

Name *(Print if signature is illegible)*

Signature SBlaun

☑ **Return to inmate**

Title or Unit Jail Admin   **DPSST #** E43660   **Date** 6/29/18

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